

GENERAL CONTRACTOR' REGISTRATION

Registration Fee: \$100.00

Company Name: _____

Business Address: _____

City, State, Zip: _____

Name of Owner/Principal: _____

Address of Owner/Principal: _____

City, State, Zip: _____

(If different from above.)

Business Telephone: _____ Fax #: _____

INSURANCE CERTIFICATE REQUIRED FOR THE FOLLOWING:

- **Comprehensive Liability,**
General Aggregate \$2,000,000. Min Limits
- **Workmen's compensation** \$500,000. Min Limits
If you do not carry Workmen's Compensation please
complete the attached waiver.
- **Automotive Liability** \$500,000. Combined Single Limit
- **CITY OF WAUKEGAN, AS ADDITIONAL INSURED**

No registration will be approved without insurance.

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I hereby certify:

(Answer Yes or No)

1. ____ That I am familiar with the B.O.C.A "96" Codes and C.A.B.O. "92" Codes.
2. ____ That I have sufficient experience to be a contractor
3. ____ That I will call for inspections before any work I covered.
4. ____ That I will complete all work in a workmanlike manner.
5. ____ That I will hold the City of Waukegan harmless of any and all situation that may occur while the construction is being done.

List address of projects worked in the last year.

(Need not be in Waukegan.)

NAME OF APPLICANT

DATE

Application Approved: _____

Application Not Approved: _____

Waukegan Building Department

Date